## COUNTY OF SAN DIEGO LEGISLATIVE ADVOCATE REGISTRATION

(Rev.	1	(99)

REG. NO.	
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INDIVI	DUAL	REGIST	RATION

Name of Registrant (Please pr	rint or type name of individual)		Phone (Include Area Code)
Street Address	City	State	Zip Code
additional sheet(s) is advocate must file a aggregate total of m	f necessary. Any person, con written statement disclosing	g individual expenditures of a	on represented by a legislative
	RP. OR ORGANIZATION SENTED	ADDRI	ESS
attempt to influence Supervisors." Attack office) may not acce	any member of the Board of additional sheet(s) if nece ept campaign contributions	of Supervisors, the list shall in ssary. Elected officeholders ( from any registered legislativ	
NAME OF (	COUNTY OFFICE(S)	NAME OF (	COUNTY OFFICE(S)
			ect. Refer to San Diego County rent information on registration
Date: LEASE RETURN FORM TO:	Regis	trant's Signature:	

CLERK OF THE BOARD OF SUPERVISORS 1600 PACIFIC HIGHWAY, ROOM 402 SAN DIEGO, CA 92101